

TENNIS CAMP REGISTRATION FORM

Please check the week(s) your child will attend:

- | | |
|---|---|
| <input type="checkbox"/> Week 1: June 11 - 15 | <input type="checkbox"/> Week 6: July 23 - 27 |
| <input type="checkbox"/> Week 2: June 18 - 22 | <input type="checkbox"/> Week 7: July 30 - August 3 |
| <input type="checkbox"/> Week 3: June 25 - 29 | <input type="checkbox"/> Week 8: August 6 - 10 |
| <input type="checkbox"/> Week 4: July 9 - 13 | <input type="checkbox"/> Week 9: August 13 - 17 |
| <input type="checkbox"/> Week 5: July 16 - 20 | |

CLASS LEVEL Junior Stars Futures Challengers

First Name _____

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Male _____ Female _____ Date of Birth _____

Daytime Phone _____

Medical Concerns _____

Emergency Contact _____

Parent(s) Name(s) _____

E-mail Address _____

PAYMENT

Full payment must accompany registration form. Drop-in registration with less than 24 hours will assess a \$10 fee.

- I'm a Member, please charge my account
- A check payable to Cathedral Oaks Athletic Club is enclosed
- Charge my credit card VISA MASTERCARD AMEX DISCOVER

Card Number _____ Expiration Date _____

Amount Enclosed: \$ _____

With my child's participation in the camp, I release Cathedral Oaks Athletic Club from any and all claims for damages, losses, or injuries that my child may suffer in conjunction with the program.

Parent Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO JOEY GRADY

joey.grady@swellclubs.com

Cathedral Oaks Athletic Club

5800 Cathedral Oaks Road Goleta 93117

Phone: 805.964.7762 Fax: 805.964.8445

*LUNCH IS NOT PROVIDED, PLEASE BE SURE TO PACK A MEAL FOR YOUR CHILD.
AFTER CARE IS AVAILABLE FOR \$25 AN HOUR. MUST RESERVE IN ADVANCE. ONE HOUR MINIMUM.